

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-975)**

SERIAL NO. 10/777461  
APPLICANT(S)

FILING DATE

1128106

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4				1		
5				3		
6				3		
7				1		
8				1		
9				1		
10				3		
11				1		
12				3		
13				1		
14				1		
15				1		
16				1		
17				4		
18				1		
19				1		
20				3		
21				1		
22				3		
23				1		
24				3		
25				4		
26				1		
27				4		
28				1		
29				3		
30				1		
31				3		
32				1		
33				3		
34				1		
35				3		
36				1		
37				1		
38				3		
39				1		
40				3		
41				3		
42				1		
43				1		
44				1		
45				2		
46				2		
47				1		
48				2		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55	1					
56	1					
57	1					
58	1					
59		5				
60		2				
61		2				
62		2				
63		2				
64	1					
65	1					
66		1				
67		1				
68		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						